



# Donation & Sponsorship Request Form

Please email completed form to [donations@citymarket.coop](mailto:donations@citymarket.coop) for consideration.

---

Today's Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Non-Profit 501(c)(3):    Yes (please supply certificate of exemption)                      No

Contact Person(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Organization's  
Website: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Number of  
People Attending: \_\_\_\_\_

Frequency of Event: \_\_\_\_\_

Type of Activity/Purpose of Event: \_\_\_\_\_

How does this activity/event relate to City Market's Global Ends? (see donations policy):

*form continues on the back*

**Your Community-Owned Grocery Stores**

Burlington, VT • **Downtown** 82 S. Winooski Ave • (802) 861-9700 • **South End** 207 Flynn Ave • (802) 540-6400

[www.citymarket.coop](http://www.citymarket.coop)

**Type of Donation Requested and/or Monetary Amount:**

**How will this donation be used? (please be specific):**

**Special Needs or Requests:**

**City Market frequently provides a gift card.**  
**Would this be an appropriate item to donate to your event?**      Yes      No

---

**For City Market Use Only**

Approved Amount:

Member Services staff name:

Date:

Notes: